

Tillamook County
Community Health Council
Meeting Minutes
August 12, 2015

<p>Present: Harry Coffman, Michelle Hunter, Susie Johnson, Donna Parks, Rex Parsons, Clayton Rees, Carmen Rost, John Sandusky, Tim Josi (liaison) Excused: Carol Fitzgerald, Jessica Galacia, Amy Griggs, Absent/Unexcused: Staff: Marlene Putman, Donna Gigoux, Irene Fitzgerald, Ronda Wagner, Lola Martindale Guests:</p>

1. Call to Order: Chair Harry Coffman called the meeting to order at 1:35 PM.

2. Consumer/Community Needs, Concerns, Issues:

Health Care Issues presented by Council Members:

- a) Community/Patient Concern: Donna P. reported that she heard from a young mother with five children made an appointment for assistance with pain management. She noted that the patient was not seeking pain medication, but referral to pain management. The patient reported to Donna that she wasn't happy with the process. She had an appointment with our Women's Health Nurse Practitioner, and was told that the provider did not do pain management. The patient was referred to OHSU for this service. Marlene asked Donna to seek permission for Marlene to contact the patient to discuss the situation with her directly.

- b) Donna then reported that her husband is not happy with the Tri Care system of care for veterans, and has decided to not utilize the FQHC for his services. The system is too confusing and not user friendly, with many mistakes like no phone call from the VA to the patient when an appointment is made. Susie stated that she and her husband have had Tri Care for years and it has worked wonderfully; that they had never had to do the things associated with the Choice Card. It takes too many loops of effort to get an appointment pre-authorized. Rex said that Tri Care used to be the best insurance to work with from a physician's point of view.

- c) **Ambassador/Advocate encounters with Community:** No report.
- d) **Community Partners (boards, agencies) Encounters/Projects:** None at this time.
- e) **Health Center Patient Comments:** No report.

3. Consent Calendar:

A. Approval of July 22, 2015 Meeting minutes:

Action: Clayton moved to approve the minutes as written; Rex seconded. Motion carried.

4. Board Development:

a) Member recruitment –

- Michele (Haller) Hunter was approved as a new member on July 22nd. Her membership should reflect that she is a Consumer. Donna G. will change that on the membership list.

- Harry stated that Susie Johnson has resigned from the Council effective today due to the fact that she is now an employee of the Health Department.
- We received an application for Victoria Mata to be a member of the Health Council.

Action: Donna P. moved to invite Victoria to the next Council meeting; John seconded. Motion carried.

- b) **Health Council Member Contact & Areas of Expertise** – both updated lists were presented with the packet. Michelle gave Donna G. her areas of expertise.
- c) **Common goals – shared resources between agencies:** No report.
- d) **Underrepresented & Youth potential members:** Harry stated that the potential youth member represents both the Hispanic community and is also a Consumer.
- e) **Board Member Orientation Handbook** – the updated handbook was presented to the group for review and input. The member handbook and resource notebook was given to Michelle with the understanding that an orientation will be scheduled in the near future.

Action: John moved to approve the Orientation Handbook; Donna P. seconded. Motion carried.

5. Training: None due to the HRSA Site Visit.

6. Administrator's Report:

General Update and Report: Marlene reported on the following based on previous Strategic Plan Goals, priorities and strategies (2011-13):

A. GOAL: Implement Well Planned Actions/Methods to Improve Productivity and Positive Outcomes for our Clients, Our CHC and the Community

1. Action Planning in Priority Areas - in order to improve quality and increase patient access, encounters, and outcomes (based on the Strategic Plan and ongoing efforts), planning and work plans are under development in the following areas. These priorities will also be used to assist/guide Department budget development for the County and Health Council for 2015/16. Brief updates on current activities are provided with individual action plans for each area available for members upon request to staff.

a) Behavioral Health:

The Behavioral Health provider will be leaving in 30 days. Marlene stated that she is working with TFCC to recruit another provider. Job descriptions need to be developed for the County as well as classifications for both the Behavioral Health and potential Psychiatric nurse practitioner. These will be shared positions with TFCC.

b) Dental Health:

- School Based Dental - Our contractor, Mindy Poetsch from North Coast Community Development (NCCD) is still interviewing community members who work with school age children. The grant resubmission is due October 15, 2015.

- Dental Contracting - working with Sand Creek Dental for contracting for a Dental Director and to provide services to our Medicaid dental patients. We are looking into recruiting for a new dentist as well as hiring an advanced Dental Hygienist and a Dental Assistant in partnership with Sand Creek.

c) Sexual Health and Adolescent Health Services:

We are currently providing sports physicals in conjunction with well child visits as both are covered under OHP.

d) Maternal and Child Health - No update.

e) The Early Learning Hub – No update.

f) Correctional Facility Medical Services (see also partners, below)

The jail has had a difficult time recruiting and retaining nurses for the last 12 months. Our provider didn't have anyone to refer patients to for treatment. Due to the lack of medical nurses for the inmates, and the concerns that the lack of medical personnel represents, our provider could no longer go to the jail. There is a temporary situation in place with the hospital staff rotating a PA and an EMT nurse. The history of the challenge for the jail with providers is the pay scale and lack of protocols being in place. Donna P. asked if we were considering letting the services at the jail go. Marlene stated that it is up to the County and the Jail to pay for the cost of a provider and nurses and getting protocols in place and running as a medical clinic. The Health Department continues to be ready and willing to help and/or coordinate nursing. Marlene mentioned that the jail asked for our commitment to continue to assist and to meet in 3-4 weeks to discuss; it may be that we will have a community response approach (i.e. model of rotating county providers in conjunction with the hospital providers, shared nursing, etc.), however, the jail was asked by the hospital not to have us involved at this time.

g) Medical Director Recruitment – Still waiting to see if there are interested providers through our recruiter Merritt Hawkins. We may be updating the job description to include a Physician Assistant. The CCO is providing technical assistant with their two Medical Directors at the clinic on a regular basis as well as providing telephone consultation. We will also have Telemedicine availability in the Cloverdale clinic in a few weeks to access resources through OHSU like a Psych NP. Marty will be leaving October 5th and the new PA will begin October 26th.

h) Tillamook County Year of Wellness - Work is in process with this project with a projected kick-off in January.

i) Staff Satisfaction Survey – The survey was sent out to staff last week. Results will be shared with the Council once complete.

B. Goal: Increasing Productivity of Providers and Staff to Increase Revenue

- a) No report.

C. Goal: Improve Financial Practices and Systems in order to Improve Efficiency and Effectiveness

- a) No report.

D. Goal: Increasing Revenues for Other Sources in Order to Offset Uncompensated Costs for Public Health Services and/or Operational Changes and Improvements

(1) **EPA Brownfields Grant:** No report.

(2) **School based Dental Health with Tillamook Education Foundation:** Nothing new to report.

E. Goal: Implement Policy & Procedure that support our Mission and Improve Quality of Service

- a) No report.

F. Goal: Increase Partnerships with Health & Human Service Organizations in Order to Leverage Resources, develop shared resources and strengthen relationships for future collaborations

- a) No report.

Action: Donna P. moved to approve the administrative report. John seconded. Motion carried.

7. Financial Report:

Financial Report was provided and Irene outlined the following:

- A.** Total revenue for JUNE (August report) was \$752,609; total expenditures were \$533,258, with a month end cash balance of \$464,834. Month-end cash balance (treasurers) is \$464,835.70. Irene reported the following:
- **Revenue:** We did not do a CHC draw-down of grant funds this month; we didn't receive our prescription program (340B) funds in May, but received 2 checks in June.
 - **Expense:** We now have two nurses doing Babies First and CaCoon, so the encounters have increased the expenses.
- B.** Encounter trends shows a decrease in encounters for June, from 1,549 in May to 1,311 in June, resulting in an average provider FTE of 4.00; average daily encounters per provider FTE were up slightly from 8.40 in May to 8.50 in June. This is due, in part, with Marty doing warm handoffs to Chris and Melissa. Dental encounters were down from 686 in May to 291 in June. This is a result of not getting the encounters from Dr. Ahn in time. A new system has been developed to alleviate this.
- C.** Total Accounts Receivable was \$242,724, and shows 73.75% in the 0-30 bucket.

- D. Discussion: The group discussed the low productivity of the providers and mentioned that the site reviewers felt we were overstaffed. HRSA representatives suggested that additional mid-level provider recruitment should not take place until provider productivity is up and skill levels are increased for staff. John asked if there is a pay enhancement for minimum performance, like if you see 15-20 patients per day you get more money. Marlene stated that this has been tried in the past and it is difficult to initiate better performance at the county level, the incentives haven't worked in the past. Rex suggested that the providers should undergo a time motion study; that the standard is about 15 patients per provider per day. He said there are contractors that provide this service. He stated that he sees this as a system problem, not solely a provider problem. This study would maximize the high cost positions. Harry asked if the number of no-shows is affecting the low encounter numbers. Marlene stated that no-shows are a problem, but our numbers are below the national average.

Action: Rex moved to approve the financial report. John seconded. Motion carried.

8. Reports of Committees:

A. Quality Assurance/Quality Improvement Committee:

- July QA/QI minutes – *Action:* John moved to approve the July minutes; Clayton seconded. Motion carried.

9. Old Business:

• GRANTS & Resource Development –

- HRSA ACA Expanded Services Grant (due July 20th) – Marlene presented the grant to the Executive Committee as the due date was prior to the full council meeting. It was approved and sent in to HRSA. The grant of \$231,400 will be used to fill the need for dental services. Currently we have two contracted dentists serving our clients and one dentist who is willing to contract with us. This would serve approximately 550 dental patients. The idea is to build our own dental program with a contracted Dental Director, who will receive training from our CCO. Currently we are looking at the numbers to decide which direction to go, either contracting with a new dentist or to hire as an employee of the CHC, working out of an established dental office. Our current patient load of OHP insured patients is at 26% with a target goal of 40%. We have 90% of OHP dental patients with 10% being uninsured. We need to have the capacity in place to further advertise to uninsured patients for dental services. We have 120 days to have staff hired.
- CPCCO Behavioral Health Expansion Grant – Marlene presented this as an earmark because the deadline is a roving one. The purpose is to expand BH services in our CHC.

PARTNERS/COMMUNITY –

- Susie stated that August 14th at the library in Tillamook is holding a class on Medicare. It will be in the Hatfield Room at 10AM.

10. New Business:

Grants

- HRSA FY 2016 Substance Abuse Service Expansion Grant – due September 28 in grants.gov and HRSA EHB on October 14, 2015 – The grant funds for this award will be focused on Medication-assisted Treatment (MAT) in opioid use disorders. The CCO, GOBHI and TFCC will be partners in the grant should it be awarded. Marlene indicated that she wouldn't even consider moving forward on this unless there are strong staff resources with input and partnership from all partners.
- This was approved by the Executive Committee on August 10th. It is presented to the full Council for input and consideration. **DISCUSSION:** Rex stated that he was very concerned by the participation of the Health Center and administering the drug that blocks the opioid receptors. These are extremely ill patients and there would need to be a very structured partnership. Patient management and opioid addiction are very different areas. Rex stated that TCHD would have to have a responsible full-time provider for Medical Assisted Treatment of opioid addicted patients using Suboxone. By consensus, the Council members agreed that Marlene will contact the CCO, GOBHI and TFCC to determine if they are serious partners for implementing an integrated model. Marlene will talk to Rex further about this as well.
- Lab Corp – Phlebotomist on-site – Marlene stated that the Leadership team is talking about a partnership with Lab Corp, which will place a phlebotomist on-site in our clinic. More information is to follow as it develops.
- ECHO Project – Training – OHSU applied for a grant where TCHD wrote a letter of support, and Marlene was notified that it was awarded. This grant will manage chronic patients with substance abuse and chronic mental illness with a focus on adult psychiatric medication management, headed up by Jonathan Betlinski, (Psychiatrist), a Pharmacist, and a Nurse Practitioner. This will closely tie in with the HRSA grant mentioned above.

Policy & Procedure – The beginning of each fiscal year we have policies and procedures that need to be approved by the Health Council. They are as follows:

- Quality Management Plan 081215 –
Action: Rex moved to approve the plan; John seconded. Motion carried.
- Credentialing & Privileging – Erin Oldenkamp
Action: Rex moved to approve the plan; Clayton seconded. Motion carried.

11. Unscheduled: None.

12. Adjourn - The meeting was adjourned at 2:53 PM.